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FAX No. 317 637 7561

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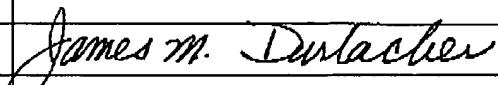
MAY 30 2006

WEMMH/SB/21 (4/03)

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|--|----|------------------------|---------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | 10/082,703 |
| | | Filing Date | February 25, 2002 |
| | | First Named Inventor | Roberto FURIA |
| | | Group Art Unit | 3737 |
| | | Examiner Name | Francis J. Jaworski |
| Total Number of Pages in this Submission | 12 | Attorney Docket Number | 8240-11 |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – 3 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, and Correspondence Address Form <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|---|
| Firm or Individual Name | James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP |
| Signature |  |
| Date | May 30, 2006 |

Certificate of Mailing

I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 571-273-8300 on this date: May 30, 2006

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| Typed or printed name | James M. Durlacher, Reg. No. 28,840 |
| Signature |  |
| | Date |
| | May 30, 2006 |

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SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,020.00)

Application Number 10/082,703

Filing Date February 25, 2002

First Named Inventor Roberto FURIA

Examiner Name Francis J. Jaworski

Art Unit 3737

Attorney Docket No. 8240-11

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNeit & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments.
under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

| Small Entity | |
|--------------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

| | | | |
|--------------|--------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 22 | -96 or HP | = 0 | x 50 =0 |

HP = highest number of total claims paid for, if greater than 20

| Multiple Dependent Claims | |
|---------------------------|---------------|
| Fee (\$) | Fee Paid (\$) |
| x 360 | =0 |

| | | | |
|--------------------|--------------|----------|---------------|
| Independent Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 3 | -3 or HP | = 0 | x 200 =0 |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| -100 | = /50 | (round up to a whole number) | x | 0 |

4. OTHER FEE(S)
Fee for 3 month extension of time (Large entity)

Fee Paid (\$) 1,020.00

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|--------------------------------------|--------|-----------|----------------|
| Signature | James M. Durlacher | Registration No. (Attorney/Agent) | 28,840 | Telephone | (317) 634-3456 |
| Name (Print/Type) | JAMES M. DURLACHER | | | Date | May 30, 2006 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: May 30, 2006

| | |
|-------------------|--------------------|
| Name (Print/Type) | James M. Durlacher |
| Signature | James M. Durlacher |

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WEMMH #317053 (Rev. 2/06)